UTAH DEPARTMENT OF HEALTH Community & Family Health Services Division

2006

Sliding Fee Schedule and CHIP Monthly Income Ranges

Wiolithly Income Ranges							
Patient's Financial Responsibility (PFR)	0%	0%	20%	40%	60%	100%	
% of Federal Poverty Guideline	100%	0% to 133%	133% to 150%	150% to 185%	185% to 225%	>225%	CHIP* 200%
Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
1	\$816.67	0 to \$1,086.17	\$1,086.18 to \$1,225.00	\$1,225.01 to \$1,510.83	\$1,510.84 to \$1837.50	\$1,837.51 and up	\$1,633
2	\$1,100.00	0 to \$1,463.00	\$1,463.01 to \$1,650.00	\$1,650.01 to \$2,035.00	\$2,035.01 to \$2,475.00	\$2,475.01 and up	\$2,200
3	\$1,383.33	0 to \$1,839.83	\$1,839.84 to \$2,075.00	\$2,075.01 to \$2,559.17	\$2,559.18 to \$3,112.50	\$3,112.51 and up	\$2,767
4	\$1,666.67	0 to \$2,216.67	\$2,216.68 to \$2,500.00	\$2,500.01 to \$3,083.33	\$3,083.34 to \$3,750.00	\$3,750.01 and up	\$3,333
5	\$1,950.00	0 to \$2,593.50	\$2,593.51 to \$2,925.00	\$2,925.01 to \$3,607.50	\$3,607.51 to \$4,387.50	\$4,387.51 and up	\$3,900
6	\$2,233.33	0 to \$2,970.33	\$2,970.34 to \$3,350.00	\$3,350.01 to \$4,131.67	\$4,131.68 to \$5,025.00	\$5,025.01 and up	\$4,467
7	\$2,516.67	0 to \$3,347.17	\$3,347.18 to \$3,775.00	\$3,775.01 to \$4,655.83	\$4,655.84 to \$5,662.50	\$5,662.51 and up	\$5,033
8	\$2,800.00	0 to \$3,724.00	\$3,724.01 to \$4,200.00	\$4,200.01 to \$5,180.00	\$5,180.01 to \$6,300.00	\$6,300.01 and up	\$5,600
Each Additional Family Member	\$283.33	\$376.83	\$425.00	\$524.17	\$637.50	\$637.50	\$567

NOTE: This CFHS schedule is based on Federal Poverty Guidelines published in the Federal Register January 24, 2006; Vol. 71, No.15, Pgs 3848-3849. When new poverty guidelines are published, the fee scale will be changed as required by federal law, Title V of the Social Security Act, and in accordance with guidelines published by the Department of Health and Human Services, Office of the Secretary.

^{*}Children=s Health Insurance Program (CHIP).